

Application Data Sheet 37 CFR 1.76		Attorney Docket Number	40853-5145-US01
		Application Number	10/579,620
Title of Invention	GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR		

The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.

This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.

Secrecy Order 37 CFR 5.2

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Shawn		DeFrees		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	North Wales	State/Province	PA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1		126 Filly Drive			
City	North Wales	State/Province	PA		
Postal Code	19454	Country	US		
Applicant 2					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Henrik		Clausen		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Holte	State/Province		Country of Residence	DK
Citizenship under 37 CFR 1.41(b)		DK			
Mailing Address of Applicant:					
Address 1		Soebrinken 6			
City	Holte	State/Province			
Postal Code	DK-2840	Country	DK		

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Applicant 3					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	David	A.	Zopf		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Wayne	State/Province	PA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1	560 Beechtree Lane				
City	Wayne	State/Province	PA		
Postal Code	19087	Country	US		
Applicant 4					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Zhi-Guang		Wang		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Dresher	State/Province	PA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1	1473 Golden Drive				
City	Dresher	State/Province	PA		
Postal Code	19015	Country	US		
Applicant 5					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Caryn		Bowe		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Doylestown	State/Province	PA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1	276 Cherry Lane				
City	Doylestown	State/Province	PA		
Postal Code	18901	Country	US		

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Applicant 6					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Marc		Schwartz		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	West Windsor	State/Province	NJ	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		United States			
Mailing Address of Applicant:					
Address 1	324 Oak Lane				
City	West Windsor	State/Province	NJ		
Postal Code	08550	Country	US		
Applicant 7					
Applicant Authority <input checked="" type="checkbox"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name	Middle Name	Family Name	Suffix	
	Bingyuan		Wu		
Residence Information (Select One) <input checked="" type="checkbox"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service					
City	Horsham	State/Province	PA	Country of Residence	US
Citizenship under 37 CFR 1.41(b)		The Peoples Republic of China			
Mailing Address of Applicant:					
Address 1	23 Pebble Drive				
City	Horsham	State/Province	PA		
Postal Code	19044	Country	US		
All Inventors Must Be Listed - Additional Inventor Information blocks may be produced within this form by adding a row beneath this row.					

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input checked="" type="checkbox"/> An Address is being provided for the correspondence Information of this application.	
Customer Number	43850
Email Address	jmann@morganlewis.com

Application Information:

Title of the Invention	GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR		
Attorney Docket Number	40853-5145-US01	Small Entity Status Claimed <input checked="" type="checkbox"/>	
Application Type	Regular		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	

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Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	24	Suggested Figure for Publication (if any)	1
Application Data Sheet 37 CFR 1.76		Attorney Docket Number	40853-5145-US01
		Application Number	10/579,620
Title of Invention	GLYCOPEGYLATED GRANULOCYTE COLONY STIMULATING FACTOR		
Publication Information:			
<input type="checkbox"/> Request Early Publication (Fee required at time of Request 37 CFR 1.219)			
<input type="checkbox"/> Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.			

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32).

Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.

Please Select One:	<input checked="" type="checkbox"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)
Customer Number	43850		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.

Prior Application Status			
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
This application	National Phase of	PCT/US2004/041004	12/03/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/623,387	10/29/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/614,518	09/29/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/592,744	07/29/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/570,282	05/11/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/555,813	03/23/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/539,387	01/26/04
PCT/US2004/041004	An application claiming the benefit under 35 USC 119(e)	60/526,796	12/03/03

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).

Application Number	Country	Filing Date (YYYY-MM-DD)	Priority Claimed
PCT/US2004/041004	WO	2004-12-03	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Additional Foreign Priority Data may be produced within this form by adding a row beneath this row.			

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		Application Number	10/579,620
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Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

Assignee 1

If the Assignee is an Organization check here. ☒

Prefix	Given Name	Middle Name	Family Name	Suffix

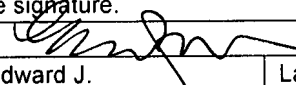
Mailing Address Information:

Address 1			
Address 2			
City		State/Province	
County		Postal Code	
Phone Number		Fax Number	
Email Address			

Additional Assignee Data be produced within this form by adding a row beneath this row.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature			Date (YYYY-MM-DD)	2007-04-16	
First Name	Edward J.	Last Name	Baba	Registration Number	52,581